

Office of Administration
Commissioner's Office

"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

Client Name: [REDACTED]

Date Enrolled: _____

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	Car Payment	Before 2/20 \$247.76 after 3/17 \$260.15	Mother's BP elevated and off work 1 extra month Plans to go back early March. Also asked friends & sisters for money
AMOUNT TO BE REIMBURSED			

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only!

Thank you.

Authorized person requesting purchase: Jenny Uhlig

Approved for purchase: _____ Date _____

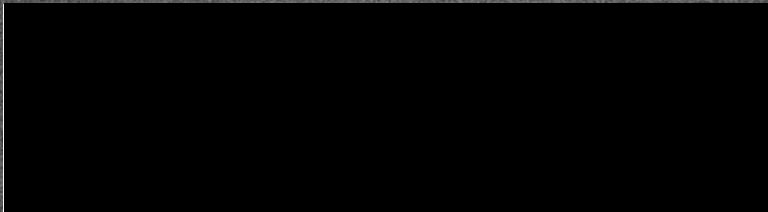
Purchase denied: _____ Date _____

Reason for denying purchase: _____

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OK to pay Emily Kraft 2/22/17

MIDWEST ACCEPTANCE CORP
COUPON NO. 4



ACCOUNT #:



PAYMENT DUE ON:

08/20/17

\$247.75

DUE AFTER:

03/07/17

\$250.15

(FOR CUSTOMER USE)

AMOUNT PAID \$

THANK YOU